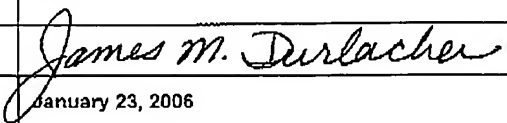


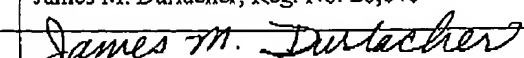
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WEMMH/SB/21 (4/03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/786,957	
	Filing Date	February 25, 2004	
	First Named Inventor	Kevin C. SOUTH	
	Group Art Unit	1723	
	Examiner Name	Charles E. Cooley	
Total Number of Pages in this Submission	14	Attorney Docket Number	8017-446/FG-4581

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature		
Date	January 23, 2006	

Certificate of Mailing			
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Signature		Date	January 23, 2006

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WEMH/SB/17 (12/04)

OMB 0851-0032

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4618).

☐ Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$ 800.00)

Complete if Known

Application Number	10/786,957
Filing Date	February 25, 2004
First Named Inventor	Kevin C. SOUTH
Group Art Unit	1723
Examiner Name	Charles E. Cooley
Attorney Docket Number	8017-446/FG-4581

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):☐ Deposit Account: Deposit Account Number 23-3030 Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50

25

Multiple dependent claims

200

100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

360

180

15 - 20 or HP = 0 x 50 = (\$ 0

Fee

Fee Paid (\$)

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

360

\$ 0

7 - 3 or HP = 4 x 200 = (\$ 800

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

0

4. OTHER FEE(S)

Fee Paid (\$)

Non-English Specification.

0

Other: Fee to record Assignment

\$ 0

SUBMITTED BY:

Name (Print/Type): James M. Durlacher

Registration No.:
(Attorney/Agent)

28,840

Telephone: (317) 634-3458

Signature:

James M. Durlacher

Date:

January 23, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

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Sandra L. Stitz

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Date

January 23, 2006

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8017-446/JMD/#382082

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)
Kevin C. SOUTH, et al.) Before the Examiner
Serial No. 10/786,957) Charles E. Colley
Filed February 25, 2004) Group Art Unit 1723
DISPOSABLE CENTRIFUGE) January 23, 2006
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January 23, 2006

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James M. Durlacher

Name of Registered Representative

James M. Durlacher
Signature

January 23, 2006

Date of Signature

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated October 25, 2005, please enter the
following amendments and remarks in the above-identified patent application.

Please provide any additional extensions of time which are required and charge
any additional fees which may be due or credit any overpayments to Deposit Account
No. 23-3030.

01/23/2006 TL0111 00000050 10786957

01 FC:1201

000.00 OP

Amendment Response
Serial No. 10/786,957 Group Art Unit 1723
Atty. Docket No. 8017-446/FG-4581
Page 1 of 11